

FOR NEONATAL SCREENING ONLY
COMPLIANT WITH CLS STANDARDS
FORM KS #740

REF 10534623 REV 04/16
 XXXXXXXX
 LOT WXXX

KANSAS DEPARTMENT OF HEALTH & ENVIRONMENTAL LABORATORIES

Select One
☐ INITIAL ☐ REPEAT

KHEL USE ONLY

NEWBORN INFORMATION (BELOW)

LAST NAME _____ FIRST NAME _____

BIRTH DATE MM / DD / YY BIRTH TIME (MILITARY) HH MM BIRTH WT IN GRAMS _____ INFANT IN NICU ☐ YES ☐ NO MEDICAL RECORD NUMBER _____ SEX ☐ M ☐ F

COLLECTION DATE MM / DD / YY COLLECTION TIME (MILITARY) HH MM COLLECTION WT IN GRAMS _____ COLLECTED <24 HRS ☐ YES ☐ NO INFANT ON TPN ☐ YES ☐ NO TRANSFUSED ☐ YES ☐ NO DATE TRANSFUSED MM / DD / YY MULTIPLE BIRTH ☐ YES ☐ NO BIRTH ORDER _____

MOTHER INFORMATION (BELOW)

LAST NAME _____ FIRST NAME _____

ADDRESS _____ STATE ZIP CODE DOB MM / DD / YY

MOTHER'S RACE ☐ WHITE ☐ BLACK ☐ AMERICAN INDIAN / ALASKAN NATIVE ☐ ASIAN / PACIFIC ISLANDER ☐ MULTIRACIAL ☐ UNKNOWN ☐ OTHER _____

ETHNICITY ☐ HISPANIC / LATINO ☐ NON-HISPANIC PHONE # - -

SUBMITTER INFORMATION (BELOW)

NAME OF SUBMITTING FACILITY IF NAME NOT MARKED BELOW _____ NEONATAL ID # _____ STREET ADDRESS _____

CHECK BOX NEXT TO NAME _____ COLLECTOR _____

☐ WESLEY ☐ KU/MC ☐ STORMONT ☐ SHAWNEE MISSION
☐ OPRMC ☐ IACH ☐ ST. JOSEPH ☐ ST. FRANCIS HOSP

NEWBORN PRIMARY CARE PHYSICIAN

LAST NAME, FIRST NAME _____

ZIP CODE _____ PROVIDER NPI _____

PHONE # _____

Barcode: * X X X X X X X X X *

1. Write the newborn's last name

2. Write the date of birth in MM/DD/YY

3. Write the date of collection in MM/DD/YY

Write the time of collection in military time HH:MM

5. Write the mother's last name, first name, address, her date of birth, and phone number. Select her race and ethnicity by checking the appropriate boxes.

6. Check the box next to your facility name, or write it here if it is not listed

Select appropriate box for initial testing or repeat testing on this newborn

Write the time of birth in military time
HH:MM

4. Write the newborn's birth weight in grams.

Select male or female

Check this box if this was a multiple birth, and write birth order for newborn

7. Write your facility's neonatal ID # and street address

8. Write the newborn's primary care physician, zip code, NPI, and phone number

Please email kelly.hale@ks.gov or call 785-296-1650 if you have any questions regarding the new form.